

(146/246) is also enclosed.

X

No additional claim fee is required.

Patent Attorney's Docket No. <u>030662-066</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE TECH CENTER 1600/290 ) In re Patent Application of Group Art Unit: 1655 Keiko NERIISHI et al. Examiner: A. Chakrabarti Application No.: 09/749,410 Filed: December 28, 2000 DNA DETECTION DEVICE For: REPLY TO RESTRICTION REQUIREMENT TRANSMITTAL LETTER Assistant Commissioner for Patents Washington, D.C. 20231 Sir: Enclosed is a Reply to Restriction Requirement for the above-identified patent application. A Petition for Extension of Time is also enclosed. A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the [] requisite Government fee are also enclosed. Also enclosed is \_\_\_ Small entity status is hereby claimed. [] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [ ] [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e). [ ] Applicant(s) previously submitted \_\_\_, on \_\_\_, for which continued examination is requested. Applicant(s) request suspension of action by the Office until at least \_, which does not [] exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)

[ ] An additional claim fee is required, and is calculated as shown below:

Independent Claims 4 MINUS 4 = 0 V 584 00 (100)		No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Independent Claims 4 MINUS 4 = -0- × \$84.00 (102) = -0.15 Amendment adds multiple dependent claims, add \$280.00 (104)	Total Claims	7	MINUS 20 =	-0-	× \$18.00 (103) =	-0-
f Amendment adds multiple dependent claims, add \$280.00 (104)	Independent Claims	4	MINUS 4 =	-0-	<u></u>	-0-
	f Amendment adds mu	ltiple depende	ent claims, add \$280	0.00 (104)	1 (1.12)	
f small entity status is claimed, subtract 50% of Total Amendment Fee	f small entity status is o	laimed, subt	ract 50% of Total A	mendment For		

[]	A claim fee in	the amount of \$ i	is enclosed.
[]	Charge \$	to Deposit Account No	02.4400

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: October 22, 2001